

**FOOD STAMP PROGRAM  
QC REGULATION INTERPRETATION REQUEST**

**INSTRUCTIONS:** Complete items 1 -11 of the form. In item 10 include reason for the QC error. Use a separate form for each policy interpretation request. Retain a copy of the FS 25 for your records and submit the original to the Food Stamp Policy Implementation Unit, 744 P Street, M.S. 16-32, Sacramento, CA 95814.

1. REQUESTOR NAME:	5. COUNTY:
2. PHONE NO.:	6. SUBJECT:
3. REGULATIONS CITE(S):	7. REFERENCES:
4. DATE OF REQUEST:	8. DATE RESPONSE NEEDED:

9. CASE SCENARIO:

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10. QUESTION:

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11. PROPOSED COUNTY RESPONSE:

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12. CDSS FSP POLICY RESPONSE (*FSPIU USE ONLY*):

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CONSULT:	ANALYST:	DATE:
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